

"INTEGRATING MENTAL HEALTH LITERACY INTO CORRECTIONAL SETTINGS: STRATEGIES FOR ENHANCING HELP- SEEKING BEHAVIOR AMONG PRISONERS WITH EMOTIONAL INSTABILITY"

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ABSTRACT

Correctional settings often house individuals with complex mental health needs, including emotional instability. However, accessing mental health services within these settings can be challenging due to various barriers, including stigma and lack of awareness about available resources. This research article explores the integration of mental health literacy initiatives within correctional facilities as a strategy to enhance help-seeking behavior among prisoners with emotional instability. Drawing upon existing literature and empirical evidence, this article proposes practical strategies and interventions to improve mental health literacy among both prisoners and correctional staff, ultimately aiming to facilitate early identification and intervention for mental health concerns in this population.

INTRODUCTION

This article could delve into practical approaches and interventions aimed at improving mental health literacy within correctional facilities, with a specific emphasis on how these efforts can facilitate greater willingness among prisoners to seek help for emotional instability despite existing stigma barriers. Correctional facilities globally face a significant challenge in addressing the mental health needs of incarcerated individuals, particularly those experiencing emotional instability. Research indicates a high prevalence of mental health disorders among prisoners, with rates of emotional instability being notably elevated. Despite this, help-seeking behavior within correctional settings remains low due to various factors, including stigma, lack of awareness about available services, and limited mental health literacy among both prisoners and staff. In light of these challenges, this research article aims to explore the integration of mental health literacy initiatives as a means to promote help-seeking behavior among prisoners with emotional instability. The incarcerated population mostly encompasses deprived and stigmatized individuals in

the community round the world (World Health Organization [WHO], 2019). Besides physical health problems, many prisoners suffer from psychological disorders. They harbor diseases that are determined both by the environment out of which they come and by the prison in which they live. Separation from families adversely affects their health. Moreover, the uncertainty about the future posed a psychological burden on them which can lead to mental illness (Nwaopara & Stanley, 2015).

Psychiatric disorders are more common in correctional settings, with most mental health conditions having higher prevalence compared to rates in the general community (Birmingham, 2004). Both depression and anxiety, recognized as significant contributors to the worldwide disease burden, impact prison populations in all communities around the globe (National Institute of Mental Health [NIMH], 2019). Particularly depression among prisoners in Asian countries is more than two times higher than the western countries (Abdu et al., 2018). It has also been reported in a meta-analysis conducted by Valizadeh et al. (2017) that the

prevalence of major depression was significantly higher in male than in female prisoners.

Prevalence of Mental Health Disorders in Correctional Settings: Numerous studies have documented a disproportionately high prevalence of mental health disorders among incarcerated individuals, including mood disorders, personality disorders, and psychotic disorders. Emotional instability, characterized by mood swings, impulsivity, and difficulty regulating emotions, is particularly prevalent within this population.

2. Barriers to Help-Seeking Behavior: Stigma surrounding mental illness and mental health services is a pervasive barrier to help-seeking behavior among prisoners. Additionally, limited awareness about available resources, fear of repercussions, and distrust of mental health professionals further hinder access to care within correctional settings.

3. Importance of Mental Health Literacy: Mental health literacy refers to the knowledge and beliefs about mental health disorders, which includes understanding how to seek help and access appropriate services. Studies have demonstrated that individuals with higher levels of mental health literacy are more likely to seek timely and appropriate support for mental health concerns.

4. Integrating Mental Health Literacy into Correctional Settings: While mental health literacy interventions have been implemented in various settings, including schools and workplaces, their application within correctional facilities remains limited. However, evidence suggests that such initiatives have the potential to improve help-seeking behavior and reduce stigma associated with mental illness among prisoners.

Literature Review

Extensive global evidence now supports the notion that mental health issues are notably common among incarcerated individuals, revealing a complex and concerning pattern of psychological distress within the prison system. Several studies have shed light on this pressing issue.

Fazel and Danesh (2002), in their pioneering work, highlighted the prevalence of mental health issues in correctional facilities. Their research underscored the need for a more comprehensive understanding of the psychological well-being of inmates. Subsequent studies, such as that by Sirdifield et al. (2009), have further corroborated this alarming trend,

emphasizing that addressing mental health issues within the prison population is a critical area of concern. A striking example of this issue can be found in England and Wales, where data from the Office of National Statistics (ONS) paints a particularly grim picture. Singleton et al. (1998) reported that as many as 90% of prisoners in these regions experience some form of mental disorder or substance dependency. This staggering statistic raises questions about the adequacy of mental health support and intervention programs within the prison system. It becomes evident that the prevalence of certain conditions within the prison environment is notably higher than in the general population. Singleton et al. (2001) found that personality disorders, neurotic disorders, drug dependency, risky drinking, and psychotic disorders are disproportionately represented in correctional institutions. This alarming disparity suggests a critical need for tailored mental health services for inmates.

The issue extends beyond the concept of diagnosis to include grave concerns about self-harm and suicide rates among incarcerated individuals in the United Kingdom. Shaw et al. (2004) have reported significantly elevated rates of suicide and self-harm within UK prisons compared to similar populations outside of correctional settings. These findings highlight the urgent necessity of implementing preventive measures and interventions to address the psychological well-being of inmates and reduce the risk of self-harm and suicide within prisons.

A significant portion of existing literature has primarily focused on assessing the prevalence of a limited set of mental disorders outlined in classification systems like ICD-10 (World Health Organization, 1992) or DSM-IV (American Psychiatric Association, 1994). Challenges not covered by these systems, such as problematic anger, have often been overlooked (Di Giuseppe & Tafrate, 2007). Moreover, much of the research on mental health concerns within prison settings has been conducted primarily by service providers and researchers. The perspectives of prisoners themselves regarding what constitutes a mental health problem and which issues hold the most importance in prison have seldom been explored.

In Pakistan indigenous researchers conducted studies to assess mental health issues in prison setting (Shahid et al., 2014; Zadeh & Ahmed 2012; Khan et al., 2012; Bilal & Saeed, 2011). Mirza and Jenkins

(2004) did a systematic review of the prevalence, risk factors as well as treatment of depressive and anxiety disorders in Pakistan. Their findings revealed that about 34% of population suffers from anxiety or depressive disorders. In comparison to the general population worldwide, prisoners were 5-10 times more prone to develop depression. The increased risk of suicide in prisons is unfortunately often related to severe depression (Beyen et al., 2017). The total prevalence of depression in male prisoners as reported by Shahid and his colleagues (2014) in an Urban Jail of Lahore was 85% and 30% of prisoners showed signs of mild depression, 20% experienced moderate depression and 35% faced severe depression. Notably, those with a background of substance abuse, childhood sexual abuse, chronic medical conditions, and childhood labor displayed notably elevated levels of depression.

The study conducted by Khan et al. (2012) highlights the prevalence and severity of depression among female prisoners confined in Central Prison, Peshawar. Their findings provide valuable insights into the mental health challenges faced by this particular demographic group. According to their research, a significant 59.4% of the female inmates in the Central Prison were found to be suffering from depression. This high prevalence underscores the importance of addressing mental health concerns within the prison population, particularly among female inmates. The severity of depression among these women varied, with 73.7% meeting the criteria for mild depression, 21.1% for moderate depression, and 5.3% for severe depression. These statistics not only highlight the prevalence of depression but also emphasize the need for tailored mental health interventions that take into account the varying degrees of severity. The study also identified certain demographic and socioeconomic factors that were associated with a higher risk of depression. Specifically, middle-aged, married women with low socio-economic status were found to be at greater risk for depression. This information can guide prison authorities and mental health professionals in designing targeted interventions to support at-risk individuals and reduce the burden of depression among female inmates.

A broader and more extensive study of the mental health issues within the male prison population in Punjab is essential to develop effective strategies for prevention, intervention, and rehabilitation. It can help policymakers, correctional authorities, and

mental health professionals tailor their efforts to address the unique challenges and circumstances faced by incarcerated individuals in this region. By conducting research with larger and more diverse samples, a more accurate picture of the mental health issues in Punjab prisons can be obtained, facilitating better-informed decision-making and the development of targeted interventions.

Methodology:

This research article adopts a qualitative approach, synthesizing existing literature and empirical evidence to propose strategies for integrating mental health literacy initiatives into correctional settings. Relevant studies exploring the prevalence of mental health disorders among prisoners, barriers to help-seeking behavior, and the effectiveness of mental health literacy interventions are reviewed and analyzed.

Proposed Strategies:

1. **Educational Workshops and Programs:** Develop and implement educational workshops and programs within correctional facilities to enhance prisoners' understanding of mental health disorders, including emotional instability, and how to access mental health services.
2. **Training for Correctional Staff:** Provide training for correctional staff on recognizing signs of emotional instability and mental health concerns, as well as how to effectively support and refer prisoners to appropriate services.
3. **Peer Support Initiatives:** Establish peer support programs where individuals with lived experience of emotional instability or mental illness can provide guidance, support, and encouragement to fellow prisoners.
4. **Promotion of Available Resources:** Increase awareness about mental health services available within correctional facilities through informational materials, posters, and outreach activities.
5. **Stigma Reduction Campaigns:** Launch stigma reduction campaigns aimed at challenging negative attitudes and beliefs about mental illness among both prisoners and staff.

Objectives

1. To find out the relationship between stigma and help seeking behavior among prisoners with emotional instability

2. To find out the relationship between mental health literacy and help seeking behavior among prisoners with emotional instability
3. To find out does mental health literacy moderate the relationship between stigma and seeking professional psychological help.

Hypothesis

H1: There is a negative relationship between stigma and help seeking behavior among prisoners with emotional instability.

H2: There is a positive relationship between mental health literacy and help seeking behavior among prisoners with emotional instability.

Sample and Sampling Strategy

The sample size included 100 male prisoners incarcerated in District Jail Jhelum and Sheikhpura. The sample was drawn by using the non-probability purposive sampling technique. In order to provide better results, the sample was selected by taking into account the inclusion and exclusion criteria based on certain features of male convicts. The response rate was 82%, as estimated using the American Association for Public Opinion Research's prescribed algorithm, in accordance with their criteria (AAPOR, 2016). According to Kelley et al. (2003), 65 per cent rate of response can be considered as acceptance rate for self-reported questionnaires. The primary focus of the third phase consisted of the main portion of the study. For this part, an emphasis was put into investigating the correlation among the social stigma, mental health literacy, and help seeking behavior, especially with regards to the inmates in Pakistani prisons. In this phase, the research hypotheses were also put to the test. The remaining participants from the sample were approached in this phase and data was collected from them.

Inclusion Criteria

- The prisoner above age of 21, i.e., young adult prisoner was included in the sample.
- They must have a history of mental illness to be eligible to participate as a sample for this study.

Exclusion Criteria

- Prisoners that were below the age of 21, i.e., were not of young adult age were excluded.
- Female prisoners were excluded due to their low prevalence rate of incarceration (Punjab Prisons, 2023).

- Those prisoners who did not have any history of past or present mental illnesses or disorders.
- Participants that were imprisoned under the Anti-Terrorism Act, 1997, or those who were incarcerated for committing religious offences (i.e., 295 A, B,C)

Instruments

Every eligible participant who complied with the study's inclusion and exclusion requirements was asked to complete a thorough questionnaire that contained all translated (Urdu) scales collected into one sheet. The questionnaire efficiently gathered the required data by including demographic data along with scales measuring stigma, mental health literacy, and help-seeking behavior.

Demographic Sheet

The study included the following demographic variables: age, educational background, occupational history, socioeconomic status, family structure type (nuclear/joint), living style (urban/rural).

The Perceived Devaluation and Discrimination (PDD) Scale

The PDD scale developed by Link in 1987 is essentially a 12 item scale. The PDD scale uses a likert scale to measure the answers. The scale upon measure indicated a good internal consistency where it's value comes up to be $\alpha=0.79$, and a scale mean of 1.48 with a $SD=0.38$ (Link, 1987).

Mental Health Literacy Scale (MHLS)

Mental Health Literacy Scale was developed in 2015 by O'Connor et al. It is a single factor measure with total 35 questions. However, for this research, an already translated and validated version of the scale was used. The score range of 35-160. The higher the score, the stronger the indication of a better mental health literacy status. The scales internal reliability was determined to be .873 Cronbach alpha i.e., $\alpha=.873$ (Kenney, 2017)

General Help Seeking Questionnaire (GHSQ)

In 2005, Wilson et al. developed the General Help Seeking Questionnaire (GHSQ). It uses a 7-point Likert scale starting from "Extremely Unlikely" and up to "Extremely Likely". The overall Cronbach alpha for the scale was determined to be .85, while test-retest reliability measure generated a value of .92 (Wilson et al., 2005).

Data collation and Research Procedure

The prisoners were approached only after acquiring the approval from authorities, and an official consent form was filled out to avoid any future complications. Permissions for using the questionnaire, translating, and altering were also acquired from the relevant author, and author scales were also used with official approval. The questionnaire was administered while the researcher was present herself. Participants were ensured about complete confidentiality regarding any information that they chose to share, including personal and demographic information. Informed consent from research participants was obtained and they were briefed about the objectives for the research study. For collection of data from research participants at prisons, permission letter was drafted and was approved by the relevant authorities at the university.

This permission letter was provided by the university itself. The participants were approached for data collection after approval from prison authorities, and they were assured regarding the protection of their privacy and complete confidentiality of information was also promised to them, as well as the liberty to unquestioned withdrawal from the research at any time. The research participants were told briefly about the objective behind the research and the questions posed by the researcher. They also signed a very elaborate consent form. The data gathered through the process was accurately represented and analyzed by running through SPSS software. Moreover, throughout the research process, special care was taken to adhere to the ethical considerations provided in the APA guidelines.

Results

Table 1 Demographic data

Variables	<i>M</i>	<i>SD</i>	<i>f</i>	<i>%</i>
Age	36	10.40		
Monthly Family Income	86.80	48.76		
Education	6.35	4.33		
Duration of Punishment	9.45	4.65		
Duration of Imprisonment	3.57	2.81		
Stigma	18.55	3.16		
Area of Residence				
Urban			58	58.0
Rural			42	42.0
Socioeconomic Status				
Lower			44	44.0
Moderate			39	39.0
Good			17	17.0
Any Psychological Harm In Jail				
Yes			44	44.0
No			56	56.0
If Yes Then Where Were You Kept				
Hospital			35	35.0
Examination Barak			28	28.0
Separate			37	37.0
Do You Consult The Psychologist When Needed				
Yes			39	39.0
No			61	61.0
Do You Have Any Friends In Jail				
Yes			34	34.0
No			66	66.0
When You Experienced Psychological Problem Then You Asked For Help				
Fallow Prisoner			21	21.0
Family Members			24	24.0

Psychologist	22	22.0
Doctor	33	33.0
Visit In Jail		
Yes	49	49.0
No	51	51.0
Do You Have Contact with Family Member On Phone		
Yes	53	53.0
No	47	47.0
Mode Of Punishment		
Hawalat	9	9.0
In Presentment	91	91.0
Any Psychological Issue Before and In jail		
Yes	53	53.0
No	47	47.0
If Yes Then To Whom You Seek Help		
Psychologist	13	13.0
Doctor	9	9.0
Peer	25	25.0
Islamic Molvi	20	20.0
Friends and Family	33	33.0
Benefits of Help		
Very Helpful	13	13.0
Somewhat Help full	33	33.0
Up to Some Extent	37	37.0
Not at all	17	17.0

The table provides a comprehensive overview of various demographic, socio-economic, and psychological characteristics of a prisoner population. The average age of participants is 36 years, with a standard deviation of 10.40 years, indicating moderate age variability. Monthly family income averages 86.80 units, with a substantial standard deviation of 48.76 units, reflecting significant income disparities. The mean education level is 6.35 years, with a standard deviation of 4.33 years, suggesting varied educational backgrounds. The average duration of punishment is 9.45 years, while the average imprisonment duration is 3.57 years, with standard deviations of 4.65 and 2.81 years, respectively. The stigma score averages 18.55 with a standard deviation of 3.16.

Regarding residence, 58% of participants are from urban areas, and 42% from rural areas. Socioeconomically, 44% are classified as lower class, 39% as moderate, and 17% as good. Psychological harm in jail was reported by 44% of participants, with 35% of these individuals kept in a hospital, 28% in an examination barrack, and 37% in separate locations. Despite the need, only 39% consulted a psychologist, while 61% did not. Social

connections in jail are limited, with only 34% having friends inside. When experiencing psychological problems, 21% sought help from fellow prisoners, 24% from family members, 22% from psychologists, and 33% from doctors. Half of the participants (49%) received visits while in jail, and 53% maintained phone contact with family members. Most (91%) were in presentment, with only 9% in Hawalat. Psychological issues were experienced by 53% before and during incarceration. Among those, help was sought from psychologists (13%), doctors (9%), peers (25%), Islamic Molvis (20%), and friends and family (33%). Regarding the effectiveness of this help, 13% found it very helpful, 33% somewhat helpful, 37% up to some extent, and 17% not helpful at all.

In summary, the data reveals significant variability in demographic and socio-economic backgrounds, with notable psychological challenges faced by the prisoners. Access to psychological support and the perceived benefit of such support varies, highlighting the complex interplay between socio-economic factors, social support, and psychological well-being in this population.

Table 2 : Psychometric Properties of Study Variables (N=100)

Variables	<i>M</i>	<i>SD</i>	Range	α
Stigma	18.55	3.16	12 – 24	.78
Mental Health Literacy	90.73	29.82	46 – 150	.98
Help Seeking Emotional	33.45	11.89	13 – 60	.89
Help Seeking Suicidal	34.01	15.29	10 – 66	.99

Descriptive statistics is vital step in determining the characteristics of study variable. To determine the psychometric proper of study variable, descriptive statistics test was performed. The reliability analysis indicate that the reliability coefficient of mental health stigma, mental health literacy and help seeking in prisoners. Results indicated that mental health stigma, mental health literacy, emotional and psychological help seeking and Suicidal help seeking are .78, .89, .89 and .99 respectively which indicates satisfactory internal consistency.

The psychometric properties of the study variables, comprising stigma, mental health literacy, emotional help-seeking, and suicidal help-seeking, were assessed within a sample of 100 participants. The mean scores provide insights into the average levels of each variable within the sample, with stigma averaging at 18.55, mental health literacy at 90.73, emotional help-seeking at 33.45, and suicidal help-

seeking at 34.01. Standard deviations illustrate the dispersion of scores around the means, indicating the variability in participants' responses. The range of scores reveals the breadth of responses observed, from the minimum to the maximum scores recorded for each variable. Additionally, Cronbach's Alpha coefficients assess the internal consistency reliability of the variables, with values of .78 for stigma, .98 for mental health literacy, .89 for emotional help-seeking, and .99 for suicidal help-seeking. These high alpha values suggest strong internal consistency, indicating that the items within each variable reliably measure the intended constructs. Overall, the robust psychometric properties of the study variables enhance the confidence in the validity and reliability of the findings, bolstering the credibility of the study's conclusions and interpretations.

Table 3: Correlation between study variables (N = 100)

Variables	<i>M</i>	<i>SD</i>	1	2	3	4
1. Stigma	18.55	3.16	-	-.78**	-.64**	-.77**
2. Mental Health Literacy	90.73	29.82		-	.64**	.82**
3. Help Seeking Emotional	33.45	11.89			-	.81**
4. Help Seeking Suicidal	34.01	15.29				-

Pearson product moment correlation and analysis was employed to access the relationship between mental health stigma, mental health literacy and help seeking in prisoner. Results indicated that mental health stigma was negatively related to help seeking behavior in terms of emotional and psychological help whereas, the mental health stigma was negatively related to help seeking in suicidal behaviors indicating, people with high level of stigma were less likely to seek help. Results also indicated that mental Health literacy was positively related to the emotional psychological or help in suicidal behaviors. Prisoner with mental health literacy were more likely to seek the emotional psychological or help in suicidal behaviors.

The correlation table explores the associations among the study variables, encompassing stigma, mental health literacy, emotional help-seeking, and suicidal help-seeking, within a sample of 100 participants. In terms of the variables' descriptive statistics, the mean stigma score is 18.55 with a standard deviation of 3.16, while the mean mental health literacy score is 90.73 with a standard deviation of 29.82. Emotional help-seeking has a mean score of 33.45 with a standard deviation of 11.89, and suicidal help-seeking has a mean score of 34.01 with a standard deviation of 15.29. Examining the correlation coefficients, several noteworthy patterns emerge. Firstly, there exists a robust negative correlation between stigma and mental health literacy ($r = -.78, p < .01$), indicating that

heightened stigma is associated with diminished mental health literacy. Similarly, stigma exhibits strong negative correlations with both emotional help-seeking ($r = -.64, p < .01$) and suicidal help-seeking ($r = -.77, p < .01$), suggesting that increased levels of stigma coincide with reduced tendencies to seek support for emotional distress and suicidal thoughts or behaviors.

Conversely, mental health literacy demonstrates strong positive correlations with emotional help-seeking ($r = .64, p < .01$) and suicidal help-seeking ($r = .82, p < .01$), signifying that greater mental health literacy corresponds to heightened inclinations to seek assistance for emotional and suicidal concerns. Moreover, a robust positive correlation exists between emotional help-seeking and suicidal help-seeking ($r = .81, p < .01$), indicating that individuals who are more inclined to seek emotional support are

also more likely to seek help for suicidal ideation or behaviors. The correlation analysis underscores significant relationships among the study variables. Higher levels of stigma coincide with lower mental health literacy and reduced tendencies to seek both emotional and suicidal help. Conversely, enhanced mental health literacy is linked with increased propensities to seek support for emotional distress and suicidal thoughts or behaviors. Additionally, a positive correlation between emotional help-seeking and suicidal help-seeking highlights a consistent pattern of help-seeking behavior across different types of distress. These findings underscore the importance of combating stigma and bolstering mental health literacy to facilitate help-seeking among individuals grappling with emotional or suicidal challenges.

Table 4 :Multiple regression analysis for emotional and psychological help seeking in prisoners (N = 100)

Predictors	<i>B</i>	<i>SE</i>	<i>t</i>	<i>P</i>	95% <i>CI</i>
(Constant)	71.27	21.03	3.39	.00	[29.4, 113.0]
Age	-.04	.09	-.39	.70	[-.22, .1]
Any Psychological Harm In Jail	-2.31	2.03	-1.14	.26	[-6.3, 1.7]
Do You Consult The Psychologist When Needed	-2.11	1.90	-1.11	.27	[-5.9, 1.7]
Mode Of Punishment	-6.33	3.42	-1.85	.07	[-13.1, .5]
Duration Of Imprisonment	-.91	.40	-2.31	.02	[-1.7, -.1]
Any Psychological Issue Before and In jail	-.70	2.45	-.29	.78	[-5.6, 4.1]
If Yes Then To Whom You Seek Help	-.26	.83	-.31	.76	[-1.9, 1.4]
How Much Beneficial That Help Was	1.04	1.66	.63	.53	[-2.3, 4.3]
Stigma	-1.09	.59	-1.84	.07	[-2.3, .1]
Mental Health Literacy	.06	.06	1.02	.31	[-.06, .2]

Multiple linear regression analysis was executed to assess the predicting role of demographics mental health stigma and mental health literacy on emotional and psychological helping in prisoners $F(10, 89) = 9.89, p < .001$. Model indicated 53% variance ($R^2 = .53$). Results indicated that duration of imprisonment was negatively related to help seeking behavior mental health stigma and mental health literacy one non-significant predictors of help seeking behavior.

The multiple regression analysis investigates the predictors of emotional and psychological help-seeking behavior among prisoners. The model considers various factors such as age, psychological harm experienced in jail, consultation with a psychologist, mode of punishment, duration of imprisonment, prior psychological issues, sources of help, perceived benefits of help, stigma, and mental

health literacy. The intercept of the regression equation is 71.27 with a standard error of 21.03 and a statistically significant t-value of 3.39 ($p = .00$), indicating that the baseline level of help-seeking behavior is significantly high when all predictors are zero, with a 95% confidence interval ranging from 29.4 to 113.0. Age has a coefficient of -.04 with a standard error of .09, a t-value of -.39, and a p-value of .70, showing no significant effect on help-seeking behavior. Experiencing psychological harm in jail has a coefficient of -2.31, a standard error of 2.03, a t-value of -1.14, and a p-value of .26, indicating it is not a significant predictor. Whether prisoners consult a psychologist when needed has a coefficient of -2.11, a standard error of 1.90, a t-value of -1.11, and a p-value of .27, suggesting no significant effect. The mode of punishment has a coefficient of -6.33, a standard error of 3.42, a t-value of -1.85, and a p-

value of .07, which is close to significance, implying that harsher types of punishment might negatively affect help-seeking behavior. The duration of imprisonment is a significant predictor with a coefficient of -.91, a standard error of .40, a t-value of -2.31, and a p-value of .02, indicating that longer imprisonment duration is associated with reduced help-seeking behavior.

Having psychological issues before and during jail has a coefficient of -.70, a standard error of 2.45, a t-value of -.29, and a p-value of .78, showing it is not a significant predictor. The source from whom help was sought has a coefficient of -.26, a standard error of .83, a t-value of -.31, and a p-value of .76, indicating no significant effect. The perceived benefit of help has a coefficient of 1.04, a standard error of 1.66, a t-value of .63, and a p-value of .53, showing it is not a significant predictor. Stigma has a coefficient of -1.09, a standard error of .59, a t-value of -1.84, and a p-value of .07, which is near significance, suggesting that higher stigma might reduce help-seeking behavior. Mental health literacy has a coefficient of .06, a standard error of .06, a t-value of 1.02, and a p-value of .31, showing no significant effect. The analysis reveals that the duration of imprisonment significantly affects emotional and psychological help-seeking behavior in prisoners, with longer durations being associated with reduced help-seeking. Other factors, including age, psychological harm in jail, consulting a psychologist, mode of punishment, prior psychological issues, source of help, perceived benefit of help, stigma, and mental health literacy, do not show significant impacts individually. However, some predictors, like mode of punishment and stigma, are close to significance, indicating potential areas for further investigation.

Discussion

Demographic and Socio-Economic Characteristics of Prisoners:

The demographic and socio-economic profiles of prisoners, as outlined in Table 1, highlight the diverse backgrounds and experiences within incarcerated populations. The average age of 36 years indicates a range of maturity levels and life experiences among prisoners, which can influence their responses to incarceration and mental health interventions (Smith, 2017). Similarly, the variability in monthly family income underscores the socio-economic disparities that often contribute to criminal

involvement and recidivism (Travis, Western, & Redburn, 2014).

Education levels vary widely, with implications for cognitive functioning, access to resources, and rehabilitation opportunities post-release (Clear, 2007). The duration of punishment and imprisonment reflects the severity of sentences imposed and their potential impact on individuals' mental health and reintegration prospects (Haney, 2018). Moreover, the prevalence of stigma, particularly among urban and lower socio-economic status prisoners, underscores the need for targeted interventions to address social exclusion and discrimination (Parker & Aggleton, 2003).

Psychometric Properties of Study Variables:

The psychometric assessment of study variables, including stigma, mental health literacy, and help-seeking behaviors, provides insights into their reliability and validity within the prisoner population. High internal consistency coefficients indicate robust measurement tools, facilitating accurate assessment of prisoners' perceptions and attitudes towards mental health issues (DeVellis, 2016). Mental health literacy, encompassing knowledge, beliefs, and attitudes about mental health, is crucial for promoting help-seeking behaviors and reducing stigma (Jorm, 2012). Effective interventions should aim to enhance prisoners' mental health literacy through psychoeducation and targeted information dissemination (Reavley & Jorm, 2014). Additionally, the positive correlations between mental health literacy and help-seeking behaviors underscore the importance of addressing knowledge gaps to facilitate access to appropriate support services (Kutcher et al., 2016).

Correlation Between Study Variables:

The correlations between stigma, mental health literacy, and help-seeking behaviors highlight complex interrelationships that influence prisoners' attitudes and behaviors regarding mental health. Heightened stigma is associated with reduced help-seeking tendencies, consistent with previous research demonstrating the detrimental effects of social stigma on mental health outcomes (Corrigan, Druss, & Perlick, 2014). Conversely, greater mental health literacy is linked with increased help-seeking behaviors, indicating the pivotal role of knowledge and awareness in overcoming barriers to accessing

mental health care (Griffiths et al., 2006). The positive correlation between emotional and suicidal help-seeking further emphasizes the interconnectedness of different forms of support-seeking, necessitating holistic approaches to mental health promotion and intervention (Hom, Stanley, & Joiner, 2015).

Multiple Regression Analysis for Help-Seeking Behavior:

The multiple regression analysis identifies several predictors of emotional and psychological help-seeking behaviors among prisoners, shedding light on factors that facilitate or inhibit access to mental health support. The negative association between duration of imprisonment and help-seeking underscores the adverse impact of prolonged incarceration on individuals' psychological well-being and coping strategies (Liebling & Maruna, 2005). While some predictors, such as mode of punishment and stigma, show trends towards significance, further research is needed to elucidate their roles in shaping prisoners' help-seeking behaviors (Livingston, Verdun-Jones, & Brink, 2014). Moreover, interventions targeting these factors, such as stigma reduction programs and tailored mental health literacy interventions, have the potential to enhance prisoners' access to and utilization of mental health services (Livingston et al., 2014). In conclusion, the findings underscore the multidimensional nature of mental health among prisoners and highlight the importance of addressing socio-economic, cultural, and individual-level factors to promote well-being and reduce recidivism. By employing a comprehensive approach that integrates psychometric assessment, correlation analysis, and regression modeling, researchers and practitioners can develop targeted interventions to support prisoners' mental health needs and facilitate successful reintegration into society.

Conclusion:

The integration of mental health literacy initiatives within correctional settings represents a promising strategy for enhancing help-seeking behavior among prisoners with emotional instability. By improving knowledge about mental health disorders and available resources, reducing stigma, and equipping both prisoners and correctional staff with the necessary skills to identify and address mental health concerns, these initiatives have the potential to

positively impact the well-being of incarcerated individuals. Future research should focus on evaluating the effectiveness of such interventions in correctional settings and identifying best practices for implementation.

Limitation

This quantitative study reveals the complex relationships between stigma, mental health literacy, and help-seeking behavior among emotionally unstable prisoners. However, there are significant limitations to consider. One key issue is the reliance on self-reported data, which may be biased due to participants providing socially desirable answers or inaccurately recalling their attitudes and behaviors, affecting the reliability of the findings. Additionally, the small sample size of 100 participants limits the study's generalizability, as the specific characteristics and experiences of this group may not represent the broader inmate population's diversity and complexities.

Recommendation

The study suggests several directions for future research to further understand the interactions between mental health literacy, stigma, and help-seeking behavior among inmates with emotional instability:

- 1. Longitudinal Studies:** Examine the long-term effects of mental health literacy programs on prisoners' attitudes, behaviors, and well-being.
- 2. Cultural Differences:** Investigate how stigma affects various inmate populations differently, considering cultural nuances.
- 3. Qualitative Research:** Explore individual narratives to understand the lived experiences of inmates and their help-seeking decisions.
- 4. Anti-Stigma and Literacy Interventions:** Study the integration and effectiveness of anti-stigma and mental health literacy programs in correctional settings.
- 5. Peer Support and Staff Influence:** Investigate the role of peer support networks and correctional staff attitudes in shaping prisoners' help-seeking behaviors and emotional well-being.

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